

* Check Box option for this Form should ~~allow~~ allow all to be marked if need be *

HEALTH RECORDS

40-66a

Privacy Act: A004066bDASG

Disposition governed by AR 40-66

DATE REVIEWED: Drop Down Box

SOLDIER HEALTH RECORD

The following list is not all inclusive but lists the most common forms found in a traditional Soldier's health record. For additional guidance see Figure 5-1 AR 40-66.

Name of Soldier: _____

DA Form 3444 RIGHT SIDE OF FOLDER (filed top to bottom):

Check
Box
option
on all

- ___ DA Form 7349 Annual Medical Screening (5 Yrs)
- ___ HIV Screening Results
- ___ *SF 600, SF 500 Series, DA Form 5181-R, DA 2795/2796
- ___ DA 3947 MEB Results
- ___ DA 199 PEB Results
- ___ DA 2173 (LOD)
- ___ DA 3349 Physical Profile
- ___ Over 38 Cardiovascular Screening Worksheet or DA Form 4970/4970E
- ___ *DD 2808, SF 88, Report of Medical Examination and attached test results
- ___ *DD 2807-1, SF 93, Report of Medical History
- ___ DD 771/ SF 600 with eye exam results, Civilian Eyeglasses prescription if applicable
- ___ *DD 2215/DD 2215E, Audiogram, SF 600 with hearing test results/ SF 600 for hearing protection

*Identifies forms required regardless of completion of information/use

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Soldier Health Record - LEFT SIDE OF FOLDER (Filed top to bottom):

Check
box
option
on All

___ *DD 2766 attached to medical record with appropriate documentation filed (Reference DD 2766 Filing Tabs)

___ *SF 545, Laboratory Report Display

___ Civilian Laboratory Results

___ SF 519, SF 519A, SF 519B Radiologic Consultation Request/Report

___ DA Form 3365, Authorization for Medical Warning Tag

___ Power of Attorneys for Health Care/Living Wills if Soldier desires

INSURE SOLDIER SIGNS THE DD FORM 2005, Privacy Act Statement that is part of the folder itself

OUTSIDE OF FOLDER

(Black tape or black marking pen over the # on the right hand edge of the folder that is the same as the last digit of the SSN)

Check
BOX
option on
All

(Pen & Ink last digit of SSN on the right hand side of the folder)

___ Soldiers Name, SSN

___ DNA Certification sticker (left of patient box identification)

___ Pencil entry of soldier rank and unit identification

___ Mark appropriate blocks for Health/Dental File

___ Identify Blood Type of Soldier

See Figure 5-1 of AR 40-66 for DA Form 3444 series maintenance. See AR 40-66 for additional filing instructions of forms not listed.

* Identifies forms required regardless of completion of information/use.

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DD FORM 2766 FILING REQUIREMENTS - LEFT SIDE (Original documents)

Check Box
option on all

___ MEDCOM 700R Anthrax

___ SF 601

___ Civilian Shot Documents

DD FORM 2766 FILING REQUIREMENTS - RIGHT SIDE (copies only)

Check
Box
option
on All

- ☐ Individual Medical Report
- ☐ Current Annual Medical Check (DA 7349)
- ☐ Latest HIV Results
- ☐ DD 2795 (Pre-deployment Health Assessment Questionnaire if applicable)
- ☐ DD 2796 (Post-deployment Health Assessment If applicable)
- ☐ Current SF 600 issues
- ☐ Current Board actions
- ☐ Current physical profiles (DA 3349)
- ☐ Current physical
- ☐ Current DD 2215 (Reference Audiogram)